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Good afternoon Senator Crisco, Representative Megna, and distinguished committee members. My name is Tara Glennon and I am here to support H.B. #5249, An Act Concerning Copayments for Occupational Therapy Services.

I have been a pediatric occupational therapist, providing therapeutic support to children for almost 30 years, and teaching future occupational therapists for 20 years. I have devoted my life to helping children with special needs fulfill their occupations. As a point of reference, occupations are not just one's employment, but one's roles or responsibilities in life. For example, if you are a young mother diagnosed with multiple sclerosis (MS) but you have an infant at home, your "job" would be to bathe your child safely, play with your child as any other parent would do, or lift your baby onto a changing table... in addition to one's own activities of daily living (ADLs) such as showering, dressing, preparing dinner, or doing the laundry. Those would all be your occupations. For a child, occupations include successfully manipulating a pencil in order to write, sitting up independently in order to have dinner with the family or play a game with friend, or even using two hands together in order to zip your own jacket. So, within pediatric occupational therapy we are supporting children who are unable to perform their occupations successfully. These include children on the autism spectrum (these families are major consumers of occupational therapy services and studies indicate occupational therapy is a

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primary service sought out by these families), as well as children diagnosed with cerebral palsy, Down syndrome, or other medical conditions.

In support of HB#5249, I would like to highlight two points.

1. As a business owner who employs both occupational and physical therapists, I can personally attest to the unique contributions of each provider. And I can speak to the inequity of one service having a co-pay cap while the other does not. It would be my hope that this situation would be corrected to include OT services so that parents are not torn over which service to acquire simply because of a cost savings...or, given today's economic climate, due to the prohibitive cost to access OT services as outlined in some insurance plans. For, as it stands now, the copay cap discrepancy between PT and OT could create a situation whereby a child might not receive the distinct value and benefit of occupational therapy services.
2. The literature on the benefits of early intervention and prevention is clear. Therefore, if children with special needs do not get adequate occupational therapy services when they are young, when the scaffolding and support has the greatest influence on brain and body functions, they will require more intensive supports later in life. Thus, one way or another, someone will have to fund occupational therapy support or intervention. It would seem that reasonable payment parameters (i.e., co-pay cap for OT) during these years of early intervention would not only address the societal issue of effectively supporting children with special needs, but also serve as a long-term care cost benefit.

In closing, I thank you for allowing me to speak today and I hope that the committee sees fit to not jeopardize access to occupational therapy services when the correction is so easy to implement with H.B. #5249. Thank you and I would be happy to answer any questions.